

WIDESPREAD SUPPORT

DESIGN BRIEF

March 21, 2016: FINAL

In Tanzania, **few people** (including high-ranking government officials) **understand the country's policies** around adolescent sexual and reproductive health.

"What do you mean...?!?! It is illegal to give someone under 18 contraception."

Ministry of Health Official (MOH), Dar es Salaam

At first blush, the government appears to wield big influence over a lot of provider behavior. Time and time again we heard **illegality was a major reason why providers would not, or could not, serve young girls** with contraceptive products or services.

"It's illegal to sell contraception to a girl under 18yo."

Pharmacy Assistant, Morogoro

"If it was the law I would give it."

Provider, Morogoro

Just because providers say they'll follow the law doesn't mean they will. In fact, a few people we met who understood it were **fighting against the Ministry of Health's policy**.

"The government says we can give to youth but we want to tell them this is wrong."

Pharmacists

The world is changing rapidly. People agree good things have come out of these changes; however, many also believe **globalization has brought negative sexual influences**. Through technology and media, young people have greater access to sexual knowledge and graphic imagery. This has caused a loss (either real or received) of traditional culture to Western ideals and behaviors. As part of that, many people are **skeptical and potentially resentful of contraception** - products they believe "came from the outside."

"Our main challenge is we are not following our culture. These days everything is open and we are looking to the West. We feel good about some changes but it's killing our society."

Teacher

In Tanzania, **your status in the community and the perceptions people hold of you and your family matter A LOT**. Parents, in particular, are concerned about how it reflects on them if their children are using contraception.

"If our neighbors know the girl is using contraception they will think she is a prostitute. It will bring so much shame."

Parent

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While talking about sex or contraception with youth has for a long time been considered taboo in Tanzania, some people are starting to **sense the benefit of shifting, sharing or owning the responsibility of the “talk.”**

“Parents and providers should work together to help the community to reduce teen pregnancy.”

Provider

“Young children (standard 7 for example) must talk to them about these things.”

Parent

But, it’s rare to hear **positive stories about contraception.**

“Contraception causes infertility. It will make your endometrium atrophy.”

Provider, Bagamoro

“The way the IUD works is it goes inside you and cleans out all the eggs forever.”

Teen

Generally, **people like to think of themselves as helping other people.** Most providers say this is the reason they became health professionals. This is the same reason people are currently denying youth access to contraception. They believe they are doing what is right and helping protect a young woman’s future.

“If a girl takes contraception she will get pregnant, HIV, and her future will be ruined. It is better if she doesn’t know anything about sex. She needs to focus on her studies.”

Parent

How might we create more widespread support for adolescent use of contraception in Tanzania?

ASSETS + OPPORTUNITIES

Make the **government’s policies and positions** more visible and known to everyone.

“All men and women including young people (10-24 years of age) irrespective of their parity and marital status, are eligible to access accurate, complete family planning information, education and services.”

MOH National Family Planning Guidelines and Standards, 2013

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"All individuals have a right to receive services from family planning programs, regardless of their socio-economic situation, religion, political belief, ethnic origin, **age**, marital status, geographic location or other characteristics which may place individuals in certain groups. This right means a right of access through various healthcare providers as well as service delivery systems."

MOH National Family Planning Procedure Manual, 2011

"For your health and your baby's health, wait until you are at least 18 years of age, before trying to become pregnant. Consider using a family planning method of your choice until you are 18 years old."

MOH National Family Planning Procedure Manual, 2011

Position **contraception as Tanzanian**, possibly by **merging modernity and tradition**.

Modernity = Positive progress for Tanzanian society and advancement of girls and women.

Tradition = Cultural practices and rituals, national symbols, influencers, language, visuals, song and entertainment that people recognize, feel connected to and/or are proud of.

Create a **sense of momentum** - that there are people, policies and practices moving in the direction of supporting youth in this way. Consider **celebrating the outliers** and the benefits they are bringing to their patients and communities.

"It's incredible seeing the impact of your work. When a client comes back and thanks you for helping them it feels good. "

Provider

And, fuel to that momentum by **identifying then amplifying positive stories about contraception use**. Combat the scary stories and myths (especially about infertility) by sharing stories of users who've had good experiences.

Create a **consistent narrative around contraception and appropriate tools** for different influencers. Also, consider **going big** (like a national campaign) **and staying local** (like mandatory clinic posters that tout the right of girls) and, again, being consistent everywhere.

Make more tangible how **contraception benefits** youth, their families, communities and the country. We know that girls who delay their first pregnancy until 20yo, are more likely to finish secondary school, earn higher wages throughout their lifetimes and have children who are better educated, literate and vaccinated. **Access to contraception isn't just good for girls; it's good for Tanzania.**

"I like doing this for Tanzania. It benefits the country."

Pharmacist

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FACTS ABOUT TEEN PREGANCY IN TANZANIA

There is **momentum** in addressing the issue.

A 2010 survey showed improvement from 2004:

- Childbearing among girls age 15-19 dropped from 52% to 44%.
 - The decline was largest in Zanzibar, where adolescent pregnancy and childbirth fell by 33%, and in the Southern Zone, where it fell by 28%.
- Improvements are attributed to:
 - Adolescent girls (15-19yo) attending secondary school increased three-fold.
 - Proportion of married adolescent girls fell by 23%, to about 18% in 2010.
 - More sexually active adolescents are trying to prevent unwanted pregnancy: use of pills and injections rose from 8% to 15% among girls 15-19; condom use among never-married adolescents 15-19 rose by 30% among girls and 17% among boys.
- About 35% of sexually-active unmarried women 15-19 currently use a modern method.

There is still much **work to be done**.

- 44% of women are either mothers or are pregnant with their first child by age 19.
- 26% of teenagers in rural areas started childbearing compared to 15% in urban areas.
- Regional differences: the percentage of women age 15-19 who have begun childbearing ranges from 16% in the Northern zone to 30% in the Western zone, to only 6% in Zanzibar
- The unmet need for contraception (proportion of fertile women who wish to delay or space childbearing) is 48% among unmarried, sexually active adolescent women.

And, there are **tangible risks** associated with not doing more to curb teen pregnancy.

- In 2010, more than 8,000 Tanzanian girls dropped out of school due to pregnancy. Many of them were expelled when their pregnancy status was revealed.
- As a result of school dropout and limited economic opportunities, women that begin child-bearing as adolescents are among the poorest in Tanzanian society.
- The earlier a woman begins child-bearing, the greater the number of children she likely has. Having more children puts additional financial pressure on the family.
- The lifetime cost of adolescent pregnancy (measured by the mother's foregone income over her lifetime) among girls 15-19 is estimated at 18% of Tanzania's annual GDP.